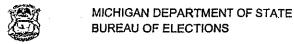


MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FILED OF APRIL PM 2:23 MACORING PARAMETERS MT. CLERKING PROBLEAN

BALLOT QUESTION COMMITTEE COVER PAGE

	FOR OFFICIAL USE ONLY					
Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.	Mo	2004 To 2/3/2004 Day Year Mo Day Year				
1. Committee I.D. Number 67113-50 2. Committee Name L'Anse Creuse Citizens' Committee	4. Committee's Mailing Address 23886 Fenton CINTON Township, Area Code and Phone 586 448- If the address in this box is different from the	MI 48036-29/4 -3284 e committee mailing address on the Statement dress by the filing official.				
5. Treasurer's Name and Residential Address Donald E. delsaus/311 Same Area Code and Phone (Same	of Organization, mail may be sent to this add	cress by the filing official.				
6. Treasurer's Business Address	Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)					
Area Code and Phone ()	Area Code and Phone ()					
8. TYPE OF STATEMENT: 8a. PRE- ELECTION OR 8b. POST- ELECTION Pre-Election or Post-Election Statement relates to: PRIMARY GENERAL SCHOOL SPECIAL Date of Election: Month Day Year	8c. ANNUAL STATEMENT Coverage Year) 8d. QUALIFICATION OR NON-QUALIFICATION STATEMENT (Required of State-wide Ballot Question Committees Only) Date of Qualification or Non-Qualification: Month Day Year	8e. AMENDMENT TO CAMPAIGN STATEMENT (Complete Item 8a, 8b, 8c 8d, or 8f to indicate which Statement is being amended) 8f. DISSOLUTION OF COMMITTEE Effective Date of Dissolution Month Day Year By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 4B and the Summary Page.				
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filling deadline of a required campaign statement, that campaign statement can not be waived. 9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete. Current Treasurer Grand J.E. J.B. Beauclair Type or Print Name Signature Signature Signature Month Day						



ITEMIZED IN-KIND CONTRIBUTIONS SCHEDULE 4-IK **BALLOT QUESTION COMMITTEE**

1. Committee I. D. Number 67/13-50
2. Committee Name L'Anse Creuse Citizens' Committee

Name and Address from whom received If contribution is from an individual, please enter last name first.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased.	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 Name and Address: Robert D. Rendlett 38/3/ E. Bonkay Clinten Tup., M/ 48036 If over \$100.00 cumulative, please provide: Occupation Employer Business Address Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description January 5. DATE OF RECEIPT: 2/13/04 6 VENDOR NAME & ADDRESS: Defice Substitution Taylor, MI 48036	\$ 22,20 tation	\$72.20
Contribution #2 Name and Address: Donald E. JeBeauclai* 23886 Fenton Clinton Tup, MI 48036-2914 If over \$100.00 cumulative, please provide: Occupation Employer Business Address Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT: 12/30/04 6. VENDOR NAME & ADDRESS:	0.34	0.34
Contribution #3 Name and Address: If over \$100.00 cumulative, please provide: Occupation Employer Business Address Fund Raiser	4. Loan endorsement or guarantee Goods Donated or loaned Services Donated Goods or Services Purchased by Others Goods or Services Purchased by Others - LOAN Description 5. DATE OF RECEIPT: 6. VENDOR NAME & ADDRESS:		
	Page Subtotal	\$ 22.54	

Grand Total of all Schedules 4-IK (Complete on last page of Schedule)

Enter this total on line 6a of Summary Page



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS SCHEDULE 4E BALLOT QUESTION COMMITTEE

BALLOT QUESTION COMMITTEE	2. Committee Name	Anse Creuse C	wigens !	<u> PINTILLE</u>		
This Schedule itemizes: (Check either a or b. Use only for the purpose checked, a. Debts and obligations owed by or forgiven the committee OR b. Debts and obligations owed to or forgiven by the committee.						
Name and Malling Address of person, vendor or financial institution to whom debt is owed. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)		
Debt #1 Owed to orby: Lou Ann Fanning 42273 East Edward Dr. Clinton Township, MI 48038-1716	4. Type: Dan from a person 5. Date Debt Was Incurred: OB/12/02 6. Original Amount of Debt: \$249.00	_/ / \$ _/ / \$ _/ / \$ _/ / \$ _/ / \$	÷ 0-	-0- M FORGIVEN		
If bank loan, name of endorser or guarantor:		Amou	unt Endorsed: \$			
Debt #2 Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: \$		nt Endorsed: \$_	FORGIVEN		
If bank loan, name of endorser or guarantor:			,			
Debt #3 Owed to or by:	4. Type:					
	5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : \$			FORGIVEN		
If bank loan, name of endorser or guarantor: Amount Endorsed: \$						
(Complete on las	t page of Schedule showing amour	Page Subtotal (Outstan Grand Total of all Sche ats owed by or to the commit	dules 4E	-0-		

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

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